

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/13/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445190	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED R 03/11/2014
NAME OF PROVIDER OR SUPPLIER CAMBRIDGE HOUSE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 250 BELLEBROOK RD BRISTOL, TN 37620		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 018} SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure corridor doors closed to a positive latch.</p> <p>The findings include:</p> <p>Observation and interview during the fire drill with the Maintenance Director, on March 11, 2014 at 10:45 a.m. confirmed corridor doors to residents rooms 410, 414, and 416 failed to close to a positive latch.</p> <p>This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on</p>	{K 018}	<ol style="list-style-type: none"> 1. Resident room doors 410, 414, and 416 were assessed, taken down, repaired and rehung to close to a positive latch. 2. All resident room corridor doors were checked to ensure that they closed properly to a positive latch. 3. A daily inspection of all doors by the Maintenance personnel will be done and a log kept to verify compliance. Dept. Heads responsible for their halls will check resident room corridor doors as part of their daily inspections and report to Maintenance any issues to ensure the doors close to a positive latch. 4. Maintenance Director will present logs at the regular QIP/QA monthly meeting and the report will be presented to the quarterly QA meeting X2. 	<p>3/12/14</p> <p>3/12/14</p> <p>3/12/14</p> <p>3/12/14</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Suzanne Rich</i>	<i>Administrator</i>	3/27/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 018}	Continued From page 1 March 11, 2014.	{K 018}			
{K 025}	NFPA 101 LIFE SAFETY CODE STANDARD SS=D Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure smoke barrier's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on March 11, 2014 at 11:00 a.m. confirmed unsealed penetrations in the smoke barrier walls above the smoke doors by room 302. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 11, 2014.	{K 025}	1. Based on the opinion of the Fire Safety surveyor that the sealing of the penetration in the smoke barrier walls above the door by room 302 that was completed on 1/31/14 as part of the Plan of Correction submitted on 2/14/14 was not done to his satisfaction, the seal was cut out and re-sealed. 2. All areas typically hidden from view have the potential to be affected as well as anywhere there has been a recent repair. All locked areas were checked for penetrations and inspection of all recently repaired areas including sprinkler heads were checked to ensure that any penetrations that occurred were sealed.	3/13/14	
{K 029}	NFPA 101 LIFE SAFETY CODE STANDARD SS=E One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1	{K 029}		3/13/14	

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{K 029}	<p>Continued From page 2</p> <p>and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined hazardous area 's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on March 11, 2014 at 11:10 a.m. confirmed unsealed penetrations in the following locations: 1) Kitchen mechanical room in the corner and above the door 2) Front mechanical room where the HVAC exhaust duct penetrates the ceiling 3) The mechanical room behind the 200 hall soiled linen room. 4) The Mechanical room door was not self-closing. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 11, 2014.</p>	K 025 {K-029}	<p>3. An inspection will be made of any area of the building that requires a repair and documentation will be kept ensuring that no penetrations occurred without sealing. This documentation will be kept by the Maintenance director and signed off by same.</p> <p>4. Reports will be made to the Safety committee at the regular monthly meeting ensuring compliance with this documentation. Presentation of report and minutes of Safety committee will be done at the regular quarterly QA meeting by the Maintenance director.</p>		<p>3/13/14</p> <p>3/13/14</p>

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{K 029}	<p>Continued From page 23</p> <p>and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined hazardous area's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on March 11, 2014 at 11:10 a.m. confirmed unsealed penetrations in the following locations:</p> <ol style="list-style-type: none"> 1) Kitchen mechanical room in the corner and above the door 2) Front mechanical room where the HVAC exhaust duct penetrates the ceiling 3) The mechanical room behind the 200 hall soiled linen room. 4) The Mechanical room door was not self-closing. <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 11, 2014.</p>	{K 029}	<p>1. Upon checking the Kitchen mechanical room, the penetrations previously sealed on 1/31/14 in the corner and above the door were found to still be intact.</p> <p>Upon checking the mechanical room behind the 200 hall soiled linen room, the penetration previously sealed on 1/31/14 was found to still be intact.</p> <p>The penetration in the front mechanical room where the duct penetrates the ceiling was part of replacement work done for the new heating unit. The penetration was sealed on 3/14/14, recut when the heating unit went in, and resealed.</p> <p>The mechanical room door self-closing mechanism was adjusted to provide self-closing.</p>	3/14/14	

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{K 029}	Continued From page 84 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined hazardous area 's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on March 11, 2014 at 11:10 a.m. confirmed unsealed penetrations in the following locations: 1) Kitchen mechanical room in the corner and above the door 2) Front mechanical room where the HVAC exhaust duct penetrates the ceiling 3) The mechanical room behind the 200 hall soiled linen room. 4) The Mechanical room door was not self-closing. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 11, 2014.	{K 029}	2. All areas typically hidden from view have the potential to be affected as well as anywhere there has been a recent repair. All locked areas were checked for penetrations and inspection of all recently repaired areas including sprinkler heads were checked to ensure that any penetrations that occurred were sealed. All self-closing doors were checked to see that they maintained their closing adjustments. 3. An inspection will be made of any area of the building that requires a repair and documentation will be kept ensuring that no penetrations occurred without sealing. This documentation will be kept by the Maintenance director and signed off by same. Self- closing doors will be a part of the daily inspection of all doors and will be a part of the daily logs to ensure that all doors close properly.	3/14/14	3/14/14

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{K 029}	<p>Continued From page 25 5</p> <p>and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined hazardous area 's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on March 11, 2014 at 11:10 a.m. confirmed unsealed penetrations in the following locations: 1) Kitchen mechanical room in the corner and above the door 2) Front mechanical room where the HVAC exhaust duct penetrates the ceiling 3) The mechanical room behind the 200 hall soiled linen room. 4) The Mechanical room door was not self-closing. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on March 11, 2014.</p>	{K 029}	<p>4. Reports will be made to the Safety committee at the regular monthly meeting ensuring compliance with this documentation. Presentation of report and minutes of Safety committee will be done at the regular quarterly QA meeting by the Maintenance director.</p>	3/14/14	